PTO/SB/30 (04-07)
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Request for

PADEN Continued Examination (RCE) Transmittal

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/698,257			
Filing Date	October 30, 2003			
First Named Inventor	William W. CHENG			
Art Unit	2816			
Examiner Name	K. B. Wells			
Attorney Docket Number	535352003600			

(Melody Y. Green)

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, amendments enclosed with the RCE will be entered in the order in which they applicant does not wish to have any previously filed unentered amendment(s) amendment(s). 	were filed unless applicant instructs otherwise. If						
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
ii. Other							
b. x Enclosed	•						
i. X Amendment/Reply iii. Information	on Disclosure Statement (IDS)						
ii. Affidavit(s)/Declaration(s) iv. X Other D	eclaration of Don Devendorf						
2. Miscellaneous							
a. Suspension of action on the above-identified application is re	quested under 37 CFR 1.103(c) for a						
period of months. (Period of suspension shall not	•						
b. Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.							
	3. Fees The RCE lee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.						
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 03-1952 Have enclosed a duplicate copy of this sheet.							
overpayments to Deposit Account No. <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.							
i. X RCE fee required under 37 CFR 1.17(e)							
ii. Extension of time fee (37 CFR 1.136 and 1.17)							
iii. Other							
b. Check in the amount of \$ enclosed							
c. Payment by credit card (Form PTO-2038 enclosed)							
SIGNATURE OF APPLICANT, ATTORNEY, O	R AGENT REQUIRED						
Signature Pikx Yo—	Date August 31, 2007						
Name (Print/Type) Alex Yap	Registration No. 60,609						
I hereby certify that this paper is being deposited with the U.S. Postal Service as Express below in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450	s Mail, Airbill No. EV8098 19810US, on the date shown						

Dated: August 31, 2007

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		818). A	pplication Num	ber	10/698,257				
FEE TRANSMITTAL For FY 2007		Fi	ling Date		October 30, 2003				
		Fi	First Named Inventor		William W. CHENG				
	<u> </u>	1 2007		— <u>E</u>	xaminer Name	<u> </u>	K. B. Wells		
Applicant	claims small e	entity status. S	See 37 CFR 1.27	Aı	Art Unit 2816				
TOTAL AMOUNT	OF PAYMEN	T	(\$) 790.00	At	ttomey Docket I	No.	535352003600)	
METHOD OF	PAYMENT	(check all th	nat apply)						
Check	Credit Ca	ard M	Ioney Order	None	Other (p	olease identi	ify):		
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fee	e(s) under 37	7 CFR 1.16 a	nd 1.17	,		uny overp			
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1. BASIC FILING	G, SEARCH,		IINATION FEES G FEES		CH FEES	FXAMI	NATION FEES		
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Utility		300	150	500	250	200	100		
Design		200	100	100	50	130	65	 	
Plant		200	100	300	150	160	80		
Reissue		300	150	500	250	600	300		
Provisional		200	100	0	0	0	0		
2. EXCESS CLA	AIM FEES							<u>S</u> Fee (\$)	mall Entity Fee (\$)
Fee Description Each claim over	r 20 (includii	ng Reissues)						50	25
Each independe	nt claim ove	r 3 (includin	g Reissues)					200	100
Multiple depend	dent claims							360	180
Total Claims	Extra C	laims F	ee (\$)	Fee Paid	d (\$)	<u>N</u>	fultiple Depende	nt Claims	
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3. APPLICATIO					·				
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SUBMITTED BY	7	7104	Van -		gistration No.	60,609	Telephone	(213) 892-	5200
Signature	Alex S V	TIKK	104	(At	tomey/Agent)	00,009	Date	August 31	

SUBMITTED BY		. 1				
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Name (Print/Type)	Alex S. Yap				Date	August 31, 2007